



**ACKNOWLEDGMENT,  
AGREEMENT, CONSENT, AND RELEASE**

(Attachment D)

I, \_\_\_\_\_, \_\_\_\_\_  
(Applicant's Authorized Agent) (Title)

on behalf of \_\_\_\_\_,  
(Legal Name of Applicant Business Entity)

acknowledge the Michigan Gaming Control Board may require supplemental materials in order to carry out its statutory duties. I agree to submit supplemental materials as requested.

Applicant acknowledges that issuance of a license is a privilege. Applicant agrees to accept any risk of adverse public notice, embarrassment, criticism, other action, or financial loss, which may result from action with respect to an application or the public disclosure of information requested in this form. I expressly waive any claim as a result thereof.

Applicant acknowledges that it is under a continuing duty to promptly disclose to the Board any changes in the information provided in the application and requested materials submitted to the Board. To comply with this requirement, Applicant must immediately submit an amended answer to the affected question(s). When doing so, the document must be titled "Amendment to Racetrack License Application", and reference the question number(s), effective date of change(s), and detail the change(s) from the information originally provided in Applicant's Racetrack License Application.

Applicant consents to inspections, searches, seizures, and to disclose to the Board and its employees and agents confidential records, including tax records held by any federal, state, or local agency or credit bureau or financial institution while applying for or holding a license. This consent is also authorization to review and inspect tax records administered under the Revenue Act 122 of 1941 (as amended).

I agree to discharge and release the State of Michigan, the Board, Department of Attorney General and the Department of State Police and their respective members, agents, and employees, from any and all actions, causes of action, suits, known or unknown, arising out of or by reason of the processing or investigation of or other action related to this application.

\_\_\_\_\_  
(Signature of Applicant's Authorized Agent) (Title)

\_\_\_\_\_  
(Printed Name of Applicant's Authorized Agent) (Date)

STATE OF \_\_\_\_\_ §

COUNTY OF \_\_\_\_\_ §

Sworn and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, to certify which witness my hand and official seal.

\_\_\_\_\_  
Notary Public Signature Notary Printed name

My Commission Expires: \_\_\_\_\_